

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2001 8:00 am
Secretary of State
 05-14-2001 90261 042 ***150.00

DOCUMENT # F96000004706

1. Entity Name
JACKSONVILLE DODGE INC.

Principal Place of Business
**654 E. ROCKS DR.
 SANIBEL FL 33957**

Mailing Address
**654 E. ROCKS DR.
 SANIBEL FL 33957**

2. Principal Place of Business **1903 S.E
 46TH TERRACE - A104**

3. Mailing Address
1903 S.E 40TH TERRACE

Suite, Apt. #, etc.
A104

Suite, Apt. #, etc.
A104

City & State
CAPE CORAL, FL.

City & State
CAPE CORAL, FL

Zip
33904

Country
LEE

Zip
33904

Country
LEE

4. FEI Number **71-0384189**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**GRIZZELL, RAY M
 654 E. ROCKS DR.
 SANIBEL FL 33957**

7. Name and Address of New Registered Agent

Name **RAY-M. GRIZZELL**
 Street Address (P.O. Box Number is Not Acceptable) **845 EAST GULF DRIVE # 311**
P.O. BOX 899
 City **SANIBEL** FL **33957**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE **Ray M. Grizzell, Pres** DATE **4-28-01**

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
 NAME **GRIZZELL, RAY M**
 STREET ADDRESS **654 E. ROCKS DR.**
 CITY-ST-ZIP **SANIBEL FL 33957**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Change ☐ Addition
 NAME **GRIZZELL, RAY M.**
 STREET ADDRESS **845 E. GULF DRIVE #311**
 CITY-ST-ZIP **SANIBEL, FL. 33957**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Ray M. Grizzell, Pres.**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **4-28-01** (941) **565-0944**
 Date Daytime Phone #

CR2E034 (10/00)